Medical Review Institute of America, Inc.
America's External Review Network

AMENDED DECISION 03/28/08

DATE OF REVIEW: March 28, 2008

IRO Case #:

Description of the services in dispute:
Denied for Medical Necessity: Items in dispute: Ten (10) sessions Work Hardening program

A description of the qualifications for each physician or other health care provider who reviewed the decision
This review was provided by a Doctor of Chiropractic who is also a member of the American Chiropractic Academy of Neurology. This reviewer also holds a certification in Acupuncture. This reviewer has fulfilled both academic and clinical appointments and currently serves as an assistant professor at a state college, is in private practice and is a director of chiropractic services. This reviewer has previously served as a director, dean, instructor, assistant professor, and teaching assistant at a state college and was responsible for course studies consisting of pediatric and geriatric diagnosis, palpation, adjusting, physical therapy, case management, and chiropractic principles. This reviewer is responsible for multiple postgraduate seminars on various topics relating to chiropractics and has authored numerous publications. This reviewer has participated in numerous related professional activities including work groups, committees, consulting, national healthcare advisory committees, seminars, National Chiropractic Coalition, media appearances, and industrial consulting. This reviewer has been in practice since 1986.

Review Outcome
Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Ten additional sessions of work hardening are not medically necessary in this case.

Information provided to the IRO for review

ODG Guidelines were not provided by either party.

Records Received from the State:
Confirmation of Receipt of Request for Review by IRO from Texas Department of Insurance
3 pages Notification of Determination from Workers' Comp Services dated 1/11/08
4 pages Notification of Determination from Workers' Comp Services dated 02/07/08
3 pages Notification of Determination from Workers' Comp Services dated 3/15/08
5-page behavioral health evaluation from LPC dated 10/11/07
4-page report from DC dated 10/16/07
23 pages FCE dated 10/23/07
1 page report from Dr. dated 12/26/07
3-page report from Dr. dated 12/29/07
2-page report from Dr. dated 1/24/08

Records Received from the Provider:
2-page report from MD dated 8/14/07
1 page EMG/NCV report dated 9/5/07
2-page report from Dr. dated 10/30/07
16 pages of therapy progress notes
2-page report from MD dated 1/24/08
2-page report from MD dated 2/21/08

Patient clinical history [summary]
The patient, a xx-year-old female, was involved in a work related motor vehicle accident on xx/xx/xx and a request for ten additional sessions of work hardening was submitted by the chiropractor. She was initially approved for 10 sessions of work hardening and she was at the sedentary physical demand level prior to beginning the initial 10 work hardening sessions. She made no appreciable change in her strength at the completion of the initial 10 sessions of work hardening, although she did have some improvement in ranges of motion and endurance. The request for an additional 10 sessions was denied and appealed.

Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision.
1. Ten sessions of work hardening were denied for medical necessity. Are 10 additional sessions of work hardening medically necessary?

Ten additional sessions of work hardening are not medically necessary in this case. The patient in this case has no bona fide job offer or job to return to at the present time. She failed to demonstrate any evidence of appreciable strength recovery, as she entered and left the program at the sedentary physical demand level.

The ODG Guidelines indicate that work hardening programs are indicated if (1) there is a defined

return to work goal agreed to by the employer and employee in the form of a documented specific job to return to, or documented on the job training. The worker must be no more than two years past the date of injury as workers that have not returned to work for two years post injury may not benefit from the program. (ODG Treatment Integrated Treatment/Disability Duration Guidelines; Low Back - Lumbar & Thoracic - Acute & Chronic)

The ODG also indicates the following regarding admission criteria for work hardening:

1. Physical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week.
2. A defined return to work goal agreed to by the employer & employee:
    a. A documented specific job to return to with job demands that exceed abilities, OR
    b. Documented on-the-job training
3. The worker must be able to benefit from the program. Approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program.
4. The worker must be no more than 2 years past date of injury. Workers that have not returned to work by two years post injury may not benefit.
5. Program timelines: Work Hardening Programs should be completed in 4 weeks consecutively or less.

In view of the poor physical performance exhibited by the patient in this case as a result of her first 10 days of work hardening (entering and leaving program at same physical demand level), she obviously did not benefit from the program.

A description and the source of the screening criteria or other clinical basis used to make the decision:

ODG Treatment Guidelines

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